

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445464	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/06/2017
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLVIEW DRIVE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 3/6/17. During this Life Safety Survey, Hillview Health Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Protection - Other SS=D Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide the correct fire rated door in exit stairwell. NFPA 101 2012 Ed. 8.1.1, Table 8.3.4.2 The deficiency affects 1 of 4 smoke compartments. The census the day of the survey was 60 residents.	K 000			
K 300		K300	1. The fire door will be removed and replaced with the correct fire door hourly rating. A certified fire door company was contacted to replace the fire door. 2. All doors were reviewed on 3-6-17 by the Maintenance Supervisor to ensure no other doors were found to be out of compliance. 3. The Maintenance Supervisor will file the results from the fire door inspection in a binder that lists all doors in facility with the required fire rating. This will be reviewed by the Administrator and Maintenance Supervisor monthly to ensure all fire doors in facility are in compliance. 4. Maintenance Supervisor was in-serviced on 3-6-17 by the Administrator on fire door ratings. Maintenance Supervisor will review results of fire door inspection to ensure ongoing compliance. Results will be reported to the Quality Assurance Performance Improvement Committee which consists of the Administrator, Director of Nursing, MDS Coordinators, Rehab Manager, Medical Director, Social Services Director, Maintenance Director, Dietary Manager, & Activities.	4-17-17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445464	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

HILLVIEW HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1666 HILLVIEW DRIVE
ELIZABETHTON, TN 37643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

K 300 Continued From page 1

The findings include:

Observation on 3/6/17 at 1:33 pm revealed the door to the stairwell on the top floor is not provided with the correct fire door hourly rating. The door provided is a 20 minute fire rated door.

The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the administrator during the exit conference.

K 321 NFPA 101 Hazardous Areas - Enclosure
SS=D

Hazardous Areas - Enclosure
2012 EXISTING

Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.

Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.
19.3.2.1

Area Automatic Sprinkler

Separation N/A

- Boiler and Fuel-Fired Heater Rooms
- Laundries (larger than 100 square feet)
- Repair, Maintenance, and Paint Shops
- Soiled Linen Rooms (exceeding 64 gallons)
- Trash Collection Rooms

K 300

1. The door closures on the dietary and activity doors were installed on 3-7-17 to comply with the fire code by the Maintenance Supervisor.

3-8-17

K 321

2. All doors were reviewed on 3-6-17 by the Maintenance Supervisor to ensure no other doors were found to be out of compliance.

3. The Maintenance Supervisor will file the results from the fire door inspection in a binder that lists all doors in facility with the required fire rating. This will be reviewed by the Administrator and Maintenance Supervisor monthly to ensure all fire doors in facility are in compliance.

4. Maintenance Supervisor was in-serviced 3-6-17 by the Administrator on door closure regulations. Maintenance Supervisor will review fire door inspection for door closures to ensure ongoing compliance. Results will be reported to the Quality Assurance Performance Improvement Committee which consists of the Administrator, Director of Nursing, MDS Coordinators, Rehab Manager, Medical Director, Social Services Director, Maintenance Director, Dietary Manager, & Activities.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445464	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/06/2017
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLVIEW DRIVE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 321	Continued From page 2 (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide self-closing doors to hazardous rooms. The findings include: The deficiency affects 2 of 4 smoke compartments. The census the day of the survey was 60 residents. Observation on 3/6/17 at 11:40 am and 1:30 pm revealed the dry storage room in dietary has removed the door closer and the activity office/storage room door is provided with a door that is self-closing. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the administrator during the exit conference.				
K 353	NFPA 101 Sprinkler System - Maintenance and SS=D Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked		K353 1. A certified fire alarm company was contacted on 3-7-17 to replace the 2 sprinkler heads in the cooler and 2 sprinkler heads in the freezer. The 2 corroded sprinkler heads in the dish room were cleaned on 3-6-17 by the Maintenance Supervisor. 2. The annual sprinkler head inspection will determine if any need to be replaced by a licensed sprinkler company. 3. The maintenance supervisor will file the results from the inspection in a binder that lists all reoccurring inspections and tests that are required. This will be reviewed by the Administrator and Maintenance Supervisor monthly to ensure all annual tests are conducted within the appropriate time frame.	4-17-17	
K 353		K 353	4. Maintenance Supervisor was in-serviced 3-6- 17 by the Administrator on sprinkler head inspections. Maintenance Supervisor will review the sprinkler head inspections to ensure ongoing compliance. Results will be reported to the Quality Assurance Performance Improvement Committee which consists of the Administrator, Director of Nursing, MDS Coordinators, Rehab Manager, Medical Director, Social Services Director, Maintenance Director, Dietary Manager, & Activities.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445464	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/06/2017
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLVIEW DRIVE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 353	Continued From page 3 b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain the automatic sprinkler system. NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5 NFPA 25 2011 Ed. 5.2.1.1.1*, 5.2.1.1.2, 5.3.1.1.2* The deficiency affects 1 of 4 smoke compartments. The census the day of the survey was 60 residents. The findings include: Observation and record review of the sprinkler report on 3/6/17 at 10:40 AM revealed 2 sprinkler heads in the cooler and 2 sprinkler heads in the freezer are outdated for their 5 year test or replacement. 2 sprinkler heads in the dish room in dietary are corroded. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the administrator during the exit conference.	K 353			